Recipient Committee	Type or print in	r-in-in-	Date Slamp	COVERPAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	,,	2013 FEB 2	PM 4: 16	FORM 460
1000320	Statement covers period from01/01/2013	Date of election if applicable: (Month, Day, Year)		Page 1 of 9
SEE INSTRUCTIONS ON REVERSE	through02/16/2013	04/02/2013		
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored (se Complete Part 6) rimarily Formed Candidate/ (fliceholder Committee (se Complete Part 7)	X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Spe	arterly Statement acial Odd-Year Report oplemental Preelection dement - Attach Form 495
3. Committee information	NUMBER 355274	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Joylene Wagner for School Board 2013		NAME OF TREASURER Stacey Brenner MAILING ADDRESS 4766 Park Granada 101		
STREET ADDRESS (NO P.O. BOX) 1250 Marion Dr.		CITY Calabasas		CODE AREA CODE/PHONE 302 (818) 970-5710
CITY STATE ZIP COI Glendale CA 9120	5 (818) 480-1503	NAME OF ASSISTANT TREASURER, IF /	NY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 02/20/2013 Date Executed on 02/20/2013	this statement and to the best of my kn that the foregoing is true and correct. ByStacey_Bre ByJoylene_Wa	nner (Law Bur Signature of Treasurer or Assistant Treasurer	in the attached sched	dules is true and complete. I certify
Date Executed on	Signature of Co	ontrolling Officeholder, Olindidate, State Measure Proponent or L		or .
Date Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measu Signature of Controlling Officeholder, Candidate, State Measu		EDDC Form 450 / January 1951

FPPC Form 460 (January/05) FPPC Tofl-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

COVER PAGE - PART 2							
	ORNIA ORM	4	60				
Page _	2	of _	9				

	1-44-71-41-41-4-1-4			imarily Formed Ballo				
NAME OF OFFICEHOLDER OR CANDIDATE			NA	ME OF BALLOT MEASURE				
Joylene Wagner			0.					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICA	ABLE)	BA	LLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Board of Education City of Glendale			<u></u>					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	E ZIP	Id	entify the controlling offi	ceholder, ca	ndidate, or st	ate measure p	proponent, if an
1250 Marion Dr.	Glendale CA	91205	N/	ME OF OFFICEHOLDER, CAN	DIDATE OR PE	OPONENT	MICHAEL PARTIES AND STANKING	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your	ou or are primarily forme		ŌF	FICE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMM	IITTEE?		rimarily Formed Cand				
NAME OF TREASURER	CONTROLLED COMM			rimarily Formed Cand ficeholder(s) or candidate(s)				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ I		of.		for which the	is committee is		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES 1		of NA	ficeholder(s) or candidate(s)	for which the	OFFICE SOU	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES 1	NO	of NA	ficeholder(s) or candidate(s) ME OF OFFICEHOLDER OR C. ME OF OFFICEHOLDER OR C.	ANDIDATE ANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	P CODE AREA C	ODE/PHONE	of NA	ficeholder(s) or candidate(s) ME OF OFFICEHOLDER OR C. ME OF OFFICEHOLDER OR C.	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE COMMITTEE NAME NAME OF TREASURER	P CODE AREA C	ODE/PHONE	of NA	ME OF OFFICEHOLDER OR C. ME OF OFFICEHOLDER OR C. ME OF OFFICEHOLDER OR C.	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIE	P CODE AREA C	ODE/PHONE	of NA	ME OF OFFICEHOLDER OR C.	ANDIDATE ANDIDATE ANDIDATE	OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

| Statement covers period | FORM | CALIFORNIA | FORM | FOR

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1355274 Joylene Wagner for School Board 2013 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 1,423.00 1/1 through 6/30 7/1 to Date 1,100.00 1,100.00 20. Contributions 2,523.00 2,523.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0.00 0.00 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 2,523.00 2,523.00 Expenditures Made Expenditure Limit Summary for State Candidates 767.16 0.00 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 767.16 (If Subject to Voluntary Expenditure Limit) 933.30 933.30 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 1,700.46 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B, add amounts in Column A to the 2,523.00 corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 767.16 15. Cash Payments Column A, Line 8 above Column A may be negative 1,755.84 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA 160
from01/01/2013	FORM 400
through _02/16/2013	Page4 of9
	I.D. NUMBER
	1355274

Joylene Wagner for School Board 2013

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 02/08/2013 Donald Nakamoto XIND Director 100.00 100.00 2232 W. 234th St. Workforce Investment Board COM Torrance, CA 90501 **□OTH □PTY** SCC 02/09/2013 Anthony Tartaglia Jr. XIND Public Affairs Manager 100.00 100.00 1808 Calafia Street Apt 3 Southern California Gas □ COM Glendale, CA 91208 Company OTH PTY SCC 02/10/2013 Arlene Vidor Retired 100.00 100.00 [X]IND 1008 Marion Drive Retired COM Glendale, CA 91205 ПОТН **PTY** □SCC 02/11/2013 Kay Hostetler 125.00 125.00 Retired XIND 1263 Oakridge Dr. Retired ПСОМ Glendale, CA 91205 ПОТН PTY □ SCC Wesley Hickman 02/13/2013 Retired 150.00 150.00 XIND 3336 Dunsmere Rd. Retired ПСОМ Glendale, CA 91206 **□**OTH □ PTY □SCC SUBTOTAL\$ 575.00

Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$_ 675.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 748.00 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

1,423.00

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A	(CONT)

Monetary	Contributions Received	Amounts may to whole o		Statement covers period from01/01/2013 through02/16/2013		CALIFORNIA 460 FORM of 9	
NAME OF FILER						I.D. NUN	IBER
Joylene Wagne	er for School Board 2013			,		135527	4
DATE . RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
02/14/2013	Shelley Harrison 3111 Beaudry Terrace Glendale, CA 91208	⊠IND □COM □OTH □PTY □SCC	Owner Hollywood Sound Systems	100.00	1	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
	ii ii	□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC	2				
			SUBTOTAL	100.00			

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule B	– Part 1
Loans	Recei	ved

Type or print in ink.

SCHEDUL	EB-	PART 1
---------	-----	--------

	ans Received	Amo	ounts may be ro to whole dollar			from01/0	1/2013	CALIFORNIA 460		
20 20 22 71						through02/1	6/2013	Page6_	of 9	
-	INSTRUCTIONS ON REVERSE E OF FILER					through	0/2020	I.D. NUMBER	01	
	lene Wagner for School Board 2013							1355274		
F	ULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
125	lene Wagner O Marion Dr. ndale, CA 91205				PAID \$ 0.0	0 s_1,000.00	RATE	\$_1,000.00	\$ 1,100.00 PER ELECTION**	
† _⊠	IND COM OTH PTY SCC		\$0.00	\$_1,000.00	\$0.0	DATE DUE	s0.00	01/24/2013 DATE INCURRED	\$	
Joy. 125	lene Wagner 0 Marion Dr. ndale, CA 91205				PAID \$ 0.0	0 s 100.00	% RATE	s100.00	\$ 1,100.00 PER ELECTION **	
† _⊠	IND COM OTH PTY SCC		s0.00	\$100.00	s0.0	DATE DUE	s0.00	01/24/2013 DATE INCURRED	s	
	14		s	s	PAID FORGIVEN S	_ s	% RATE	s	CALENDAR YEAR \$ PER ELECTION ** \$	
†	IND COM OTH PTY SCC					DATE DUE		DATE INCURRED		
			SUBTOTALS \$	1,100.00\$	0.	00\$ 1,100.00	\$ 0.00			
Scl	hedule B Summary						(Enter (e) on Schedule E, Line 3)			
	Loans received this period (Total Column (b) plus unitemized loans				\$	1,100.00	_	ontributor Codes		
(Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0.00	01	D – Individual DM – Recipient Co (other than I TH – Other (e.g., Y – Political Party	PTY or SCC) business entity)	
3. I	Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.			NET \$	1,100.00 (May be a negative number)		CC – Small Contrib		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160
from	01/01/2013	FORM 40U
through .	02/16/2013	Page7 of9
		I.D. NUMBER
		1355274

					Iron		/ 02/ 2020	A RESTAU	
SEE INSTRUCTIONS ON REVERSE					thro	ugh02	/16/2013	Page	7 of9
NAME OF FILER								I.D. NUM	IBER
Joylene Wagner for School Board 2013								135527	4
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks	munication d appearan ses lating	S	ne code. Oth		radio airtir returned o campaign t.v. or cab	ne payment. ne and production contributions workers' salaries le airtime and pro travel, lodging, ar	duction costs	į.
fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and s POS postage, del PRO professional PRT print ads	survey reservery and r	nessen		TRS TSF VOT WEB	staff/spous transfer be voter regis	se travel, lodging, etween committee	and meals es of the san	ne candidate/sponsor -mail)
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTIO	N OF PAYME	NT		AMOUNTPAID
AAl Graphics 6000 San Fernando Rd Glendale, CA 91202		CMP							750.00
, s ,									
* Payments that are contributions or Independent expenditures n	nust also be summ	arized on	Sched	lule D.			SI	JBTOTAL\$	750.00
Schedule E Summary				×					
1. Itemized payments made this period. (Include all Schedule	E subtotals.)							\$	750.00
2. Unitemized payments made this period of under \$100								\$	17.16
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Colum	n (e).)					\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. En	nter here and on th	ne Summ	ary Pa	age, Column	A, Line 6.)	тс	TAL \$	767.16

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F

Type or print in ink. Amounts may be rounded

CALIFORNIA Statement covers period **FORM** 01/01/2013 through_ 02/16/2013 Page 8 I.D. NUMBER

Accrued Expenses (Unpaid Bills) to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joylene Wagner for School Board 2013 1355274

CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime an returned contrib SAL campaign work TEL t.v. or cable airt Candidate travel staff/spouse tra TSF transfer betwee VOT voter registration	d production costs outions ers' salaries ime and production costs, lodging, and meals vel, lodging, and meals or committees of the sar	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Robert Wagner 1250 Marion Dr. Glendale, CA 91205	CMP Purchased P.O. Box	0.0	38.00	0.00	38.00
Joylene Wagner	FIL Candidate	0.0	800.00	0.00	800.00

Joylene Wagner 1250 Marion Dr. Glendale, CA 91205	Fee	0.00	25.00	0.00	25.00

Statement Deposit

* Payments that are contributions or Independent expenditures must also be **SUBTOTALS \$** 863.00\$ 0.00\$ 0.00\$ 863.00 summarized on Schedule D.

Schedule F Summary

1250 Marion Dr. Glendale, CA 91205

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 933.30
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ 933.30 May be a negative number

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills) Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Staten	nent covers period	CALIFORNIA	460
from	01/01/2013	FORM	400
through_	02/16/2013	Page9	of <u>9</u>
		I.D. NUMBER	
		1355274	

NAME OF FILER

Joylene Wagner for School Board 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications meetings and appearances CNS campaign consultants MTG meetings and appearances office expenses SAL campaign workers' salaries tv. or cable airtime and production costs returned contributions campaign workers' salaries tv. or cable airtime and production costs

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging, and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff/spouse travel, lodging and meals polling and survey research as staff a

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Robert Wagner	CMP Purchased Postage	0.00	5.90	0.00	5.90
Robert Wagner	CMP Purchased Postage	0.00	64.40	0.00	64.40
		•			n
	SUBTOTALS	\$ 0.00\$	70.30	0.00	70.30